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Bib Data Sheet

CONFIRMATION NO. 6138

SERIAL NUMBER 10/721,257	FILING DATE 11/26/2003 RULE	CLASS 034	GROUP ART UNIT 3749	ATTORNEY DOCKET NO. 8215.134
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN 2002-341639 11/26/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/25/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	JAPAN	2	2	1
Examiner's Signature Initials				

ADDRESS

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TITLE

Moisturizing hairdressing apparatus

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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